

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor(s): Hossain et al.  
Application No.: 10/747979  
Patent No: 7539170  
Issued: May 26, 2009  
For: OPTIMIZED DATA RECONNECT  
Confirmation No.: 9024  
Atty. Docket No.: 555255-012678

**NOTIFICATION OF ERROR IN PRINTING PATENT  
CERTIFICATE OF CORRECTION REQUESTED UNDER 37 CFR § 1.322**

Commissioner for Patents  
Attention: Certificate of Corrections Branch  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir or Madam:

In proofreading the above-referenced patent, it has been noted that an error occurred in the printing thereof. A Certificate of Correction is therefore requested, and form PTO/SB/44 is enclosed.

No fees are deemed to be due in connection with this request. However, in the event a fee is due, the Commissioner is authorized to charge our Deposit Account, Number 501432 (order 555255-012678).

Respectfully submitted,

*/Joseph M. Sauer/*

Joseph M. Sauer  
Reg. No. 47,919  
JONES DAY  
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Cleveland, OH 44114  
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## UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 7539170

APPLICATION NO.: 10/747979

ISSUE DATE : May 26, 2009

INVENTOR(S) : Hossain et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

(75) Please replace "Muhammed Khaledul Islam" with - - Muhammad Khaledul Islam - -

**MAILING ADDRESS OF SENDER (Please do not use customer number below):**

Joseph M. Sauer, Esq. (Jones Day)  
901 Lakeside Avenue (North Point)  
Cleveland, OH 44114

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 555255012678

First Named Inventor Asif Hossain

COMPLETE IF KNOWN

Application Number 10/747,979

Filing Date 12/29/2003

Art Unit 2681

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTIMIZED DATA RECONNECT

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

12/29/2003

as United States Application Number or PCT International

Application Number 10/747,979 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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PTO/SB/01 (08-03)

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name David B. Cochran, Esq.					
Address JONES DAY - 901 Lakeside Avenue/North Point					
City Cleveland			State Ohio		ZIP 44114-1190
Country U.S.A.		Telephone 216-586-3939		Fax 216-579-0212	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Asif				Family Name or Surname Hossain	
Inventor's Signature <i>Asif Hossain</i>					Date 14 MAY, 2004
Residence: City Kanata		State Ontario		Country Canada	Citizenship BD & CA
Mailing Address 295 Phillip Street					
City Waterloo		State Ontario		ZIP N2L 3W8	Country Canada
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Muhammad Khaledul				Family Name or Surname Islam	
Inventor's Signature <i>Muhammad Khaledul</i>					Date May 11, 2004
Residence: City Kanata		State Ontario		Country Canada	Citizenship CA
Mailing Address 295 Phillip Street					
City Waterloo		State Ontario		ZIP N2L 3W8	Country Canada
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

PTO/SB/02A (08-03)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
	Page <u>1</u> of <u>1</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jin		Kim	
Inventor's Signature		Date <u>May 11 2004</u>	
Residence: City <u>Ottawa</u>	State <u>Ontario</u>	Country <u>Canada</u>	Citizenship <u>CA</u>
Mailing Address <u>295 Phillip Street</u>			
Mailing Address			
City <u>Waterloo</u>	State <u>Ontario</u>	Zip <u>N2L 3W8</u>	Country <u>Canada</u>
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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